

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8490</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Edward</u> <u>C</u> <u>Thurman</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>	4. Name, file number, and address of labor organization. Name <u>Engineers, Operating, AFL-CIO, Local 324</u> Labor Organization File Number <u>019-088</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>37450 Schoolcraft, Suite 110</u> City <u>Livonia</u> State <u>Michigan</u> ZIP Code + 4 <u>48150-1082</u>
5. Position in labor organization. <u>Treasurer and Business Agent</u>	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input style="width: 90%;" type="text"/> Trade Name, if any: <input style="width: 90%;" type="text"/> P.O. Box, Bldg., Room No., if any <input style="width: 90%;" type="text"/> Street <input style="width: 90%;" type="text"/> City <input style="width: 90%;" type="text"/> State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
7.b. Amount. <div style="border: 1px solid black; height: 50px; width: 100%;"></div>	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Ed. Shuman

On

6-9-05

Date _____

734-462-3660

Telephone Number

Name of Person Filing Edward Thurman

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Munder Capital Management, Inc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 480 Pierce St., Suite 300

City Birmingham

State Michigan

ZIP Code + 4 48012

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Operating Engineers' Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2075 W Big Beaver, Suite 700

City Troy

State Michigan

ZIP Code + 4 48084

11.a. Nature of such dealing.

Provides money manager services for the Fringe Benefit Funds.

11.b. Approximate dollar value of such dealing.

\$250,000

12.a. Nature of interest held or income received.

Provided one tickets to the Detroit Red Wings Hockey game.

12.b. Amount.

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.